

4/22/77 [3]

Folder Citation: Collection: Office of Staff Secretary; Series: Presidential Files; Folder: 4/22/77 [3]; Container 17

To See Complete Finding Aid:

http://www.jimmycarterlibrary.gov/library/findingaids/Staff_Secretary.pdf

WITHDRAWAL SHEET (PRESIDENTIAL LIBRARIES)

FORM OF DOCUMENT	CORRESPONDENTS OR TITLE	DATE	RESTRICTION
memo w/ attach.	<p>From Zbigniew Brzezinski to The President (68pp) enclosed in Hutcheson to Brzezinski et al 4/22/77 Re: World Health Assembly in Geneva</p> <p><i>opened 1/8/13</i></p>	4/21/77	A

FILE LOCATION

Carter Presidential Papers- Staff Offices, Office of the Staff Sec. - Pres. Hand-writing File 4/22/77 [3] Box 21

RESTRICTION CODES

- (A) Closed by Executive Order 12356 governing access to national security information.
- (B) Closed by statute or by the agency which originated the document.
- (C) Closed in accordance with restrictions contained in the donor's deed of gift.

~~SECRET~~

THE WHITE HOUSE
WASHINGTON

March 28, 1977

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne **P.B.**
SUBJECT: World Health Initiative

Introduction

This is the second step in the development of a "World Health Initiative" which I outlined for you in my memorandum of February 4, 1977, and with which you then asked me to proceed. With a small staff of experts on temporary loan from various Federal agencies, we have completed a detailed review of all the very fragmented international health activities in the government. We have also met with key members of Congress and groups in the private sector involved in international health. A detailed inventory of present U.S. government activities is attached (Tab A).

We find that the U.S. government is not building adequately on the mutual self interest of all countries to readily use available medical scientific knowledge to reduce crippling and debilitating diseases. Therefore, I believe the U.S. should do more in partnership with other countries to fight disease, particularly with the poorest countries. Furthermore, we should use health more in diplomatic initiatives and increase the professionalism of international health programs to improve impact and efficiency. Finally, we should organize U.S. activities so that the government can be held accountable for results in this area.

We have prepared a list of new ideas and initiatives which we would like you to consider. Some are short range, some are long range; some would require new funding, some would not.

We have now gone about as far as we can without a public or at least a formal statement or commitment from you; as many of the longer range plans, including reorganization options for our international health effort, need detailed staffing out in the individual agencies. The cooperation and support

~~SECRET~~

DECLASSIFIED

Per, Rac Project

ESCA: NLC-126-7-11-1

BY Q MADA DATE 1/16/73

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

necessary to accomplish this cannot be gained until you have unveiled your own interest and sanctioned a coordinating role out of the White House. We are ready to move quickly if you agree to the strategy which follows.

Two Actions Are Needed:

1. We need urgently to establish at a high level a temporary mechanism, perhaps a Cabinet Committee on International Health, to coordinate and plan program initiatives, reorganization efforts, and prepare legislation.

The proposed Committee would also have a coordinating committee which would supervise five working groups (strategy development; health manpower; research, development, and demonstration; foreign trade and investment; and organization and management). A report would be prepared in 2 months for your consideration.

2. Public statements by you to (a) announce the formation of the high-level review committee, and (b) a major policy statement outlining your views on world health. The major policy statement would include the following:

- a. A reaffirmation of your interest in world health and commitment by you to mobilize the health resources of the United States into a new program to deal with the "cripplers and killers of mankind." You would call for "A Decade of World Health Partnerships." It would be a fulfillment of your campaign promise to focus greater attention on the developing world. A commitment to human needs in the world can be portrayed as the obvious complement to your commitment to human rights.
- b. You would call for the creation of a new role for the United States in the international health field which would involve public and private sectors, multilateral and bilateral initiatives, new activities, and a revitalization of our current efforts.

The key elements that I perceive in this initiative include:

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

- Establishment of the coordinating committee to plan overall policy and consider various reorganization options.
- Reorganization of existing resources and programs within the Federal government to create one overall program with maximum impact (which will be coordinated with ongoing government-wide reorganization activities).
- Freeing up of currently legislatively restricted resources in DOD, CDC, and other agencies so that they can better fulfill their potential in the international field.
- Support the existing initiatives of the World Health Organization for worldwide immunization and tropical disease research programs by loaning U.S. health experts.
- Develop new initiatives in the international health field, such as creating an International Health Service Corps, a commitment to control diseases such as Leprosy, Yaws, Guinea Worm, and other debilitating diseases.
- Special training programs in the U.S. medical and public health schools for foreign nationals working in the health field (see detailed list of proposed projects and draft legislation in appendices).
- Establish bilateral health assistance programs with those countries with whom we currently have no ongoing health programs, especially those countries with whom we do not now have diplomatic relations and where our health initiatives could serve to help open the door to establish or reestablish those ties.
- Coordinate U.S. international health priorities with multilateral organizations such as the World Bank, and the U.N., to assure as much as possible a unified global game plan for health.
- Establish a liaison mechanism with the private sector, both the private voluntary agencies such as Church groups and private business groups such as the medical supply and pharmaceutical industries and professional associations.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

- Develop country by country and region by region action plan for health, coordinating all U.S. efforts around mutually agreed goals established with the partner country. (We have developed the major elements of such a plan for Africa that could be launched as a special initiative.)
- Prepare and gain consensus on a legislative package that would facilitate the Cabinet committee's reorganization recommendations and permanently establish a better coordinating mechanism within the Cabinet.

Attached at Tab B is a brief description of specific projects.

Summary

There is great urgency to create the temporary high-level planning mechanism, and this probably should be done immediately. It would meet probably only once or twice, and provide the stature for this effort. Later, perhaps at the World Health Assembly, or another appropriate speech forum, you could announce that it had been created, specify your goals and announce specific priorities. The high-level group would be made up of the 18 Federal agencies involved in international health. A working-level coordinating committee would work over a 2-month period to consider some major new initiatives such as the reorientation of DOD's overseas health programs, legislation creating an international health service corps, and redirection of Federal resources, which would require extensive staffing by the individual agencies. A report for you could be prepared by this high-level group which would include recommendations. During the next year, and beyond, we would implement those recommendations you approve, and the agencies could continue to build upon this initial plan.

In the sections which follow, I describe problems, prospects, and beginning on page 14 is a discussion of the recommendations for your decision.

~~SECRET~~

SUMMARY OF PAGES 5-20 OF BOURNE MEMORANDUM
SUMMARY OF STAFF COMMENTS ON BOURNE MEMORANDUM

---Rick

pp. 5-7 indicate that \$340 million is being spent by 15 different Federal agencies in FY 1976 for international health activities. US efforts are fragmented; there is a lack of impact; the level of funding is "far below what one might expect" for a type of aid which "appears to be one of the most effective developmental and diplomatic tools available."

pp. 8-10 point to the benefits which could be derived from a stepped-up US effort in international health:

- a. humanitarian: vast reduction of disease
- b. social: major international health effort would generate interest in medicine and public health careers
- c. economic: eradication of a disease saves the money spent preventing that disease
- d. political: the diplomacy of health and medicine would be a great rallying point, complementing the President's human rights policy. Peter argues that Cuba has made great inroads in Africa because of health care personnel provided in Angola

pp. 11-13 list the congressional, Administration and private sector leaders with whom Peter has spoken.

pp. 14-20 list recommendations for a presidential decision:

1. immediate creation of a Cabinet-level coordinating committee to consolidate all US international health activities

NSC comment: history of cabinet committees has shown them to be generally unproductive management bodies.

_____ approve _____ disapprove _____

2. that the Secretary of State chair the committee, with the Secretary of HEW as vice-chair

Eizenstat: AID is a more appropriate lead agency; AID is presently devising an international health strategy, has the largest budget in the field, and has the know-how.

SUMMARY PAGE TWO

_____approve _____disapprove

3. that the President address the World Health Assembly in Geneva in May while in Europe

Kraft: absolutely no time for this.

NSC: inappropriate for President to do this when he has not addressed similar prestigious world bodies of perhaps a higher priority

_____approve _____disapprove

4. that a sub-cabinet-level coordinating committee representing each participating agency prepare a report with recommended world health initiatives to the President by June, 1977

Watson: dramatic initiatives establish dramatic expectations; a trumpet blast could not be followed by an insignificant commitment of resources

OMB: creates unrealistic expectations which cannot be met given implementation problems

_____approve _____disapprove

5. "Phase II" would be the implementation of projects decided upon during the assessment phase above

_____approve _____disapprove

OTHER STAFF COMMENTS:

- a. Watson: "a brilliant, almost irresistible idea... a master-stroke of diplomacy and world statesmanship..." but needs greater emphasis on being a "partnership" with other nations
- b. Watson: no indication of the extent of increased costs
- c. Eizenstat: ignores family planning; family planning is most saleable as a health measure
- d. OMB: has not been completely coordinated with affected agencies; prematurely commits the President to a major initiative before it has been adequately planned or costed; implications for the foreign aid program have not been adequately assessed

SUMMARY PAGE THREE

STAFF RECOMMENDATIONS:

- a. Watson: before acting, the President should discuss with Vance, Rusk, Kissinger, McNamara, Humphrey, etc.
- b. OMB: the proposal should be circulated in unclassified form to affected agencies and reviewed by the Development Coordinating Committee chaired by AID Administrator Gilligan

~~SECRET~~

TABLE OF CONTENTS

MEMORANDUM TO THE PRESIDENT - World Health Initiative

	<u>Page</u>
INTRODUCTION AND SUMMARY	1 - 4
I. Present Scope of U.S. Involvement	5 - 8
II. Political, Economic and Social Implications	8 -10
III. Assessment of Government and Private Sector . . .	10 -14
 The Proposed Plan - Phase I and Summary	 14 -20
Proposed Phase II Strategy	20
 Tabs A through D	
 Appendix A - Project Proposals (Tabs A through L)	
 Appendix B - Legislative Proposals	

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

I. THE PRESENT SCOPE OF U.S. INVOLVEMENT

We have conducted the first analysis of the overall Federal involvement in the international health field. At least 18 Federal agencies have been identified with health activities defined as international in scope. Here is a brief review.

A. Federal Agencies with International Health Activities:

1. Total number: 18
2. Total FY 1976 funding: \$339.895 million for 15 of 18 agencies. Funding data unavailable for three agencies (N.S.F., Office of Science Advisor, and NASA)

B. Magnitude of Activity in Order of Size of Program (although DOD is potentially much larger if their mandate is broadened):

1. Agency for International Development:
\$188.842 million in FY 1976

-Total funding represents 55 percent of total funding for all Federal agencies

-Only 8.3 percent of total AID Economic Assistance program for FY 1976 was for health

-Estimated FY 1977 AID funding: \$269 million, excluding Disaster Relief Assistance

2. Department of State: \$69.149 million

-U.S. assessed contributions to U.N. agencies:

World Health Organization: 25 percent of WHO's annual budget

Pan American Health Organization

International Agency for Research on Cancer

United Nations Fund for Population Activities (funded through AID appropriation)

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative

March 28, 1977

United Nations International Childrens
Emergency Fund

United Nations Development Program

3. Department of Health, Education and Welfare:
\$39.274 million

-Seven DHEW Health Agencies and Office of
International Health have international
health activities. The two major ones are:

National Institutes of Health: \$19.905 million

International health research activities which
amounted to \$32.756 million of which \$10.5
million were Special Foreign Currency funds

Plus the Center for Disease Control:
\$5.222 million

4. Department of Defense: \$5.718 million
(for eight tropical disease research units
located in developing countries)

-Excludes cost of maintaining 46 hospitals and
approximately 30 clinics and dispensaries used
for care of U.S. personnel overseas; of these,
11 hospitals and 19 clinics are in developing
countries. Average annual constructed bed
capacity census is only 38 percent.

-Excludes health-related research in U.S.

5. Department of Interior: \$18.561 million

-Health activities centered in Trust Territories

6. ACTION (Peace Corps): \$15.0 million

-Training and maintaining volunteers overseas

7. Veterans Administration: \$1.887 million

-Foreign medical graduates training

-Hospital care for Philippine War Veterans

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

8. Department of Agriculture: \$1.464 million
 - Nutrition and health related research funded with excess foreign currency
9. Other Federal agencies with health related activities (funding data unavailable for international activities)
 - National Science Foundation - research
 - National Aeronautics and Space Administration - environmental quality monitoring through satellites
 - Office of the Science Advisor to the President
10. International Lending Institutions
 - U.S. contributions used for health activity cannot be identified; however, FY 1977 request is for \$2.6 billion for the World Bank
 - Table in attached Tab A illustrates total estimated annual funding for health related activities for International Bank for Reconstruction and Development (IBRD) and Interamerican Development Bank (IDB)

Attached at Tab A is a matrix describing presently funded programs, by agency.

What do these figures imply? First of all, until I compiled them, no one had collected or analyzed the data on a government-wide basis. Secondly, as a percentage of total economic development assistance, health program funding is far below what one might expect for a sector of development aid that, from an economic and political perspective, appears to be one of the most effective developmental and diplomatic tools available to the U.S. government. Even the U.S. international voluntary agencies devote over \$100 million to medical assistance in developing countries, almost a third of the Federal budget in this area. (The U.S. ranks only 12th in the world in overall development assistance as

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

a percentage of the GNP; Sweden, The Netherlands, Norway, France, Australia, Belgium, Canada, Denmark, New Zealand, Germany, and The United Kingdom all rank higher.)

Lastly, the far-flung nature of the different agencies and departments indicates the potential need for a single locus of responsibility to understand and manage better our health and medical commitments abroad. As will be discussed later in more depth, improved management and a clearly defined international health policy are essential first steps in any major new initiative in this area.

II. POLITICAL, ECONOMIC AND SOCIAL IMPLICATIONS

A. Political

During the past 6 weeks spent surveying and assessing the potentialities in this field, I was struck by the number of initiatives which could be pursued with ramifications beyond the anticipated benefits of international health and medicine. For example, in Africa, there are a number of health programs, public and private, which would be selectively augmented as part of a major African medical/diplomatic initiative. Presently, there are seven African countries which have no U.S. bilateral health assistance program. We could substantially and dramatically reduce the incidence of some debilitating and disfiguring tropical diseases such as leprosy and yaws; we could provide technical assistance for the development of rural health delivery systems and deploy immunization program consultants to set up a multiple vaccine program for these and other infectious diseases which kill and cripple hundreds of thousands of children annually.

Cuba has in part made such major in-roads in Africa because they early provided large numbers of health care personnel in Angola. They and other African countries understood the tremendous need for health care and trained sufficient personnel to meet that need thereby building considerable good will and influence. I believe we should be doing the same.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

The Burmese Ambassador to the U.S. told me recently that they are very interested in considering a U.S. health care assistance program. I will visit Burma and Laos on my trip to Southeast Asia during April.

A major effort in this area will provide direct benefits to the U.S. health and medical community, and the public at large. For example, a major international health effort can generate interest in medicine and public health careers among our citizens just as the Peace Corps in the 1960's attracted Americans to serve their government with the prospect of a challenge in a remote part of the world. Thirty-nine percent of the physicians detailed to the Peace Corps by the U.S. PHS during the 1960's later expressed a desire for further training in public health geared toward disadvantaged populations and developing societies both in the U.S. and overseas. This represents a highly significant change in career goals for young physicians, a small percentage of whom usually choose public health as a career. Today, many of our emerging leaders in public health are former Peace Corps physicians. With this in mind, I believe there is real merit in seeking new and better ways to attract the youth of our society, including blacks and other minorities, to the challenges of government and international health work. Tab C describes a proposal for the establishment of an International Health Service Corps to broaden the National Health Service Corps concept and complement the present Commissioned Corps of the U.S. PHS.

B. Economic and Social Benefits

The successful progress of the Global Smallpox Eradication Program, directed by the World Health Organization, has saved hundreds of millions of U.S. dollars. In 1971, as a result of the global program, the Public Health Service recommended the elimination of routine smallpox vaccination in the U.S. The Center for Disease Control in Atlanta, Georgia, estimates that before 1971 the U.S. alone had been spending over \$140 million a year on the prevention of smallpox.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

This figure of monies now saved includes the costs of vaccine, its administration, hospitalization due to complications, and quarantine, among other costs.

The projects which we are developing will result in control if not eradication of several of the other major world diseases, with similar projected savings both to the developing world and the United States.

These direct and indirect benefits are important and in some cases impressive; yet equally significant are the economic and social benefits derived for individual families and communities in the developing and developed nations of the world. Economic studies have demonstrated that health variables tend to be most highly correlated with all measures of economic and social progress.

Beyond this, the humanitarian and human rights implications are enormous: saving millions of children from death; strengthening the health and well being of families all over the world; enhancing prospects for families to be encouraged to limit family size; improve their nutrition; etc. The opportunity to prevent or cure diseases in many developing countries using American medical and scientific knowledge is within our grasp. In a world continually haunted by political upheaval, hate, and fear, health and medicine diplomacy could emerge as the rallying point, the great common denominator, and the consensus positive issue bridging ideological and national barriers.

III. ASSESSMENT OF GOVERNMENT AND PRIVATE SECTOR

During the past several weeks, I have been taking soundings and discussing international health issues with members of Congress, other members of the Administration, and the private sector. I felt this was an essential aspect of any plan to insure the broadest input, adequate coordination, and to generate support.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

A. Congress and the Executive Branch

I met with Senators Humphrey and Kennedy, and Congressmen Rogers, Zablocki, Frazer, and Harrington, among others, on this and related issues. They were very supportive of your interest in this area and without exception offered to help. The most common concerns dealt with issues related to the effectiveness of State and AID, the need to integrate population, nutrition and health technical assistance programs, and the necessity to broaden our efforts in this area. Policy changes in the executive branch would probably have to be tempered by the committee jurisdictional splits which have probably helped to cause and perpetuate the present fragmentation in the executive branch.

Executive branch responsibilities for international health, as I mentioned earlier in this memorandum, are spread among numerous agencies, and opinions vary widely. I have attempted to meet with all key Administration officials who would have a direct interest in this area, including Fred Bergsten, Assistant Secretary of the Treasury; Patsy Mink, Assistant Secretary of State; John Gilligan, Administrator-designate of AID; Lee Howard, Director, AID Health; Dick Moose, Deputy Undersecretary of State for Management; Joseph Califano, Secretary of HEW; Paul Ehrlich, Director, Office of International Health, HEW; Robert Smith, Assistant Secretary of Defense for Health Affairs; Ambassador Andrew Young; and William Foege, Acting Director for the Center for Disease Control, with whom I spent a day in Atlanta discussing a possible expanded role for CDC in international health. Also, I have twice met with Dr. Halfdan Mahler, Secretary General of the U.N. World Health Organization. Most of the agency people with whom I spoke conceded the fragmentation, and most conceded that a more coherent, coordinated policy on international health was desirable.

State, AID, and HEW are the key agencies. Secretary Vance, Administrator-designate Gilligan and Secretary Califano have all expressed their interest in the potential of a coordinated government-wide effort.

B. The Private Sector

I have met with University leaders, Robert McNamara, President of the World Bank, with pharmaceutical

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

manufacturers and international voluntary agencies including the National Council of Churches. All expressed their support and volunteered to assist. The medical and public health schools see this as an opportunity to do research in both developed and developing countries, and as a way to invigorate public health and preventive medicine through the recruitment of new manpower for the U.S. and foreign nations. The pharmaceutical manufacturing industry is cautiously supportive, provided, of course, that they may realize greater foreign markets and more profits in the future.

The international voluntary agencies are extremely active worldwide and often operate in countries with whom the U.S. government has poor relations. They are important diplomatic and humanitarian resources. With additional incentives such as tax benefits, they could be encouraged to increase their development assistance efforts as well as the more traditional humanitarian work. Furthermore, they are an important political resource for support of this project, reaching into every nook and cranny of our society throughout the Nation. Regular discussions and improved relationships with leaders from this group I feel confident will be helpful in supporting any effort you would undertake in international health.

Sources of Opposition:

There are, and will be, the inevitable detractors here at home and abroad of a stepped up international health effort by the U.S. government.

1. There will be the inevitable outcry in the U.S. that the Federal government is not doing enough for our own poor people, especially the disadvantaged blacks, Spanish-speaking, American Indians, and migrant laborers. So why an international health effort? The answer, as discussed previously in this memo, is by improving medical knowledge through learning from others and by encouraging people to choose public health careers (scholarships in public health) we help U.S. citizens. Moreover, we have more than \$600 million per year positive balance of trade in the health sector which will more than pay for an expanded program in international health. It is not a question of either/or but we must do both.

~~SECRET~~

~~SECRET~~

/13/

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative

March 28, 1977

2. There will be those at home and abroad who also view improved disease control in developing countries as merely prolonging life until one suffers death by starvation; a typical myth which has been refuted by scientific studies demonstrating that improved health is directly correlated with increased family planning and greater food production. Poor families simply will not accept family planning unless they can be assured that their children will not die of endemic childhood diseases.
3. Another myth is that the unemployed labor force in most poor nations is already extremely large, so why save lives? The answer is that better health improves productivity which increases the capacity of nations to grow economically and increases the potential for these poor countries to become economically independent of the United States.

There are other arguments of this nature and similarly good answers. However, the sine qua non for human dignity and individual fulfillment is good health, a position which I believe irrefutable.

To summarize, the climate of opinion is generally favorable to initiatives in this area despite the inevitable detractors who are sure to emerge. However, executive branch bureaucratic parochialism looms as a special and continuing problem. In addition, Congressional interests somewhat parallel the two key agency interests, that of HEW and State, in this area. Therefore, I believe your personal leadership will be required to mobilize the government to pursue your international health objectives.

The pages which follow outline the initial steps to mobilize support and identify the courses of action most appropriate.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

THE PROPOSED PLAN - Phase I

The previous sections discuss the fragmented nature of this area. In my judgment we also lack innovative leadership. Because of these problems, I believe the first step in embarking on this initiative is to establish a single authority to coordinate, plan, and implement a specific course of action and lay the foundation within the Cabinet for an ongoing program. The planning and evaluation I have so far conducted convince me that a definitive plan that includes specific administrative and legislative proposals with which the agencies and private sector agree is not feasible until you establish a formal planning mechanism. This would create new lines of authority pulling all the involved agencies in one direction in accordance with your instructions.

What follows are Phase I decisions to consider in deciding whether to establish a temporary Cabinet-level committee, who will chair the committee, and whether or not to unveil your plans in an address at the World Health Assembly in Geneva while you are in Europe.

Issue: Should a temporary high level cross cutting planning mechanism be established?

If you approve the creation of a Cabinet-level committee, it could accomplish the following:

1. Establish a temporary locus of responsibility to study and report on a government-wide strategy for international health policy.
2. Make recommendations to:
 - a. Improve management and organization government-wide.
 - b. Improve understanding of political, economic and social implications of U.S. involvement in international health.
 - c. Increase private sector involvement.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT
FROM: Peter Bourne
SUBJECT: World Health Initiative

March 28, 1977

- d. Integrate international health efforts with human rights and other foreign policy objectives
- e. Establish lead agency capability.

Advantages:

Improves prospects for mobilization of public and private support.

Allows all agencies involved to come to agreement on cross-cutting issues.

Provides objective analysis of entrenched line agency programs.

Enhances prospects of innovation and willingness to recommend controversial proposals.

Disadvantages:

Delays implementation of some proposals which could logically be decided on without a task force.

A large unwieldy planning task force may act to retard the opportunity for new ideas to be developed.

Assessment and Recommendation:

If you announce the creation of a temporary high-level review group, it sets the stage to initiate program, management improvement, and legislative proposals in which all affected agencies have participated, thus enhancing prospects that the proposed initiatives which you agree to will be implemented. Therefore, I recommend your establishing a Cabinet Committee on International Health (CCIH).

~~SECRET~~

/16/

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

Decision

_____ Approve
_____ Disapprove
_____ Discuss

Issue: Who should chair the task force?

Option 1: The Secretary of State

Advantages:

Sets the stage to assign lead agency responsibility to State.

Signals that you feel this is a foreign policy issue as well as a health subject, helping to mobilize key Congressional support for eventual legislative proposals.

Reaffirms State's foreign policy role in international health.

Disadvantages:

May be viewed as downgrading HEW's traditional role as spokesman with other nations in this area.

May trigger Congressional opposition by HEW advocates.

Option 2: The Secretary of HEW

Advantages:

Sets the stage to assign lead agency responsibilities to HEW.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

Signals that you feel this is an adjunct of a domestic health policy issue.

Establishes clear authority for both domestic and international health within HEW.

Disadvantages:

Places State and AID in a subordinate policy making role and perpetuates the fragmentation.

May engender formidable opposition among members of Congress who strongly believe international health assistance is supported because of our foreign policy and not solely for the protection of U.S. citizens at home and abroad, and for humanitarian reasons.

Assessment and Recommendation:

If you are to foster a major international health effort tied to foreign policy interests, building up the prestige and capability of State to coordinate this area is essential. However, any strengthening of State's leadership should be coupled with strengthening of HEW's capabilities also.

The foreign missions provide a ready-made early warning and assessment network which, when staffed by technically competent public health officials (there are now only about 22 AID health officials worldwide), will ensure that high priority is accorded health and medicine in high level diplomatic discussions. The lack of competent field staff in the foreign missions, lack of leadership, and State's uncertain role and the fragmented nature of their structure and HEW's has helped to perpetuate the low priority international health and medicine is now accorded. I recommend therefore, that the chairman of the Task Force by the Secretary of State, with the Secretary of HEW the Vice Chairman. Attached Tab D illustrates the structure and membership of the committee.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT
FROM: Peter Bourné
SUBJECT: World Health Initiative

March 28, 1977

Decision

_____ Approve State as Chairman

_____ Disapprove

_____ Discuss

Issue: Should you address the World Health Assembly in Geneva in May?

The 30th World Health Assembly is being held in Geneva, Switzerland, in May during the time you will be in Europe. This Assembly will present a unique opportunity to mobilize the world around the issue of reducing the major developing country diseases of the world. Furthermore, it underlines your commitment made at the U.N. to help the poor countries.

Advantages:

The best possible forum to announce your Administration goals in this area.

Should provide a particularly strong push to the World Health Organization's effort in tropical disease research.

A dramatic and unprecedented gesture of U.S. support for world health assistance to the poorest developing countries.

May help catalyze additional donor contributions to U.N. World Health Organization programs.

Disadvantages:

May engender animosity among unfriendly nations who have been unhappy about the U.S. human rights pressure.

~~SECRET~~

/19/

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

May be viewed as overbearing U.S. action by international detractors.

Assessment and Recommendation:

If you can take the time to go to Geneva, I recommend not passing up the opportunity. The impact will be dramatic, positive, and far reaching in the world health community and among political leaders worldwide; it also will place strong pressure on the U.S. Congress and the executive branch to support this initiative. It can be closely linked with your steadfast support of human rights principles and the importance of the U.N. as an instrument of world peace. (See Tab E for other possible speech forums.)

Decision

_____	Approve (coordinate arrangements for address and prepare draft)
_____	Disapprove (delay speech until the committee has submitted report; arrange for address later in the year)
_____	Discuss

SUMMARY OF PHASE I STRATEGY

Assuming you approve the Phase I strategy to establish a Cabinet-level review and later deliver an address on this subject, a coordinating committee below Cabinet level made up of representatives of each participating agency would be established and a report prepared and submitted to you by June 1977. The report would describe the committee's findings and conclusions and make recommendations for your consideration. If you agree to this plan, I will immediately

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

begin coordinating with Jody Powell and others in the White House to arrange an appropriate time and setting for the announcement of the Cabinet committee, preparation of the Presidential memorandum announcing your decision to the Cabinet, and coordinate preparations for the address at the World Health Assembly or later.

This completes discussion of Phase I.

PROPOSED PHASE II STRATEGY

In the interim and while the CCIH is conducting its assessment, Phase II would involve implementation of various project initiatives. Development of many of these initiatives is well underway and will be reviewed by the Cabinet-level committee and, if you approve, later implemented by the agencies. Attached at Tab B is a brief review of these projects.

See Appendices A and B for additional information.

~~SECRET~~

PROJECT PROPOSALS

TABLE OF CONTENTS

Military:

Military Medical Assistance Project.....	Tab A
Training Paramedical Personnel.....	Tab B
Military Clinical Tropical Medicine Project.....	Tab C
Military Environmental Preventive Medicine Project.....	Tab D

Civilian Agencies:

Bilateral Disease Control Agreements in Africa.....	Tab E
Support for UN/WHO Tropical Disease Research Program....	Tab F
Programs in Community Nutrition.....	Tab G
Support for WHO "Expanded Programme on Immunization"....	Tab H
Improved Pharmaceutical Production and Standards.....	Tab I
Global Epidemic Intelligence Service.....	Tab J
International Institute for Health Research Dacca, Bangladesh.....	Tab K
Gorgas Memorial Laboratory, Panama City, Panama.....	Tab L

LEGISLATIVE PROPOSALS

TABLE OF CONTENTS

INTERNATIONAL HEALTH SERVICE CORPS

FULBRIGHT SCHOLAR-TYPE PROGRAM PROVIDING
ASSISTANCE TO FOREIGN SCHOLARS TO STUDY
PUBLIC HEALTH AND PREVENTIVE MEDICINE IN
THE UNITED STATES AND UNITED STATES HEALTH
SCHOLARS TO STUDY AND TEACH ABROAD

DOD OVERSEAS ASSISTANCE AUTHORIZATION

CREATION OF A CONSOLIDATED BUREAU OF HEALTH
AND HUMANITARIAN ASSISTANCE IN THE DEPARTMENT
OF STATE: DEPUTY UNDER SECRETARY OF STATE;
INTERAGENCY COORDINATING COMMITTEE

Date: March 31, 1977

MEMORANDUM

FOR ACTION:

FOR INFORMATION:

Bert Lance

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Peter Bourne memo 3/28 re World Health Initiative.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 5:00 P.M.

DAY: Friday

DATE: April 1, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☒ I concur.

☐ No comment.

Please note other comments below:

~~SECRET~~

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone, 7052)

DECLASSIFIED

Per: Rac Project

ESD/N: NLC-126-7-11-2-0

BY: Q NABA DATE: 11/6/83

~~SECRET~~

THE WHITE HOUSE
WASHINGTON

March 28, 1977

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne *P.B.*

SUBJECT: World Health Initiative

Introduction

This is the second step in the development of a "World Health Initiative" which I outlined for you in my memorandum of February 4, 1977, and with which you then asked me to proceed. With a small staff of experts on temporary loan from various Federal agencies, we have completed a detailed review of all the very fragmented international health activities in the government. We have also met with key members of Congress and groups in the private sector involved in international health. A detailed inventory of present U.S. government activities is attached (Tab A).

We find that the U.S. government is not building adequately on the mutual self interest of all countries to readily use available medical scientific knowledge to reduce crippling and debilitating diseases. Therefore, I believe the U.S. should do more in partnership with other countries to fight disease, particularly with the poorest countries. Furthermore, we should use health more in diplomatic initiatives and increase the professionalism of international health programs to improve impact and efficiency. Finally, we should organize U.S. activities so that the government can be held accountable for results in this area.

We have prepared a list of new ideas and initiatives which we would like you to consider. Some are short range, some are long range; some would require new funding, some would not.

We have now gone about as far as we can without a public or at least a formal statement or commitment from you; as many of the longer range plans, including reorganization options for our international health effort, need detailed staffing out in the individual agencies. The cooperation and support

DECLASSIFIED

Per: Rac Project

ESDNL: NLC-126-7-11-2-0

BY: *[Signature]* NADA, DATE 1/16/13

~~SECRET~~

Why is this Secret?

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

necessary to accomplish this cannot be gained until you have unveiled your own interest and sanctioned a coordinating role out of the White House. We are ready to move quickly if you agree to the strategy which follows.

Two Actions Are Needed:

1. We need urgently to establish at a high level a temporary mechanism, perhaps a Cabinet Committee on International Health, to coordinate and plan program initiatives, reorganization efforts, and prepare legislation.

The proposed Committee would also have a coordinating committee which would supervise five working groups (strategy development; health manpower; research, development, and demonstration; foreign trade and investment; and organization and management). A report would be prepared in 2 months for your consideration. ?

2. Public statements by you to (a) announce the formation of the high-level review committee, and (b) a major policy statement outlining your views on world health. The major policy statement would include the following:

- a. A reaffirmation of your interest in world health and commitment by you to mobilize the health resources of the United States into a new program to deal with the "cripplers and killers of mankind." You would call for "A Decade of World Health Partnerships." *discussed with other government?* It would be a fulfillment of your campaign promise to focus greater attention on the developing world. A commitment to human needs in the world can be portrayed as the obvious complement to your commitment to human rights.

- Use same specifics?*
- b. You would call for the creation of a new role for the United States in the international health field which would involve public and private sectors, multilateral and bilateral initiatives, new activities, and a revitalization of our current efforts.

The key elements that I perceive in this initiative include:

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

- Establishment of the coordinating committee to plan overall policy and consider various reorganization options. *(but how relates to Well Fund exercise?)* OK
- *Simply silly to talk about combining AID, World Bank,* Reorganization of existing resources and programs within the Federal government to create one overall program with maximum impact (which will be coordinated with ongoing government-wide reorganization activities).
- Freeing up of currently legislatively restricted resources in DOD, CDC, and other agencies so that they can better fulfill their potential in the international field.
- Support the existing initiatives of the World Health Organization for worldwide immunization and tropical disease research programs by loaning U.S. health experts.
- Develop new initiatives in the international health field, such as creating an International Health Service Corps, a commitment to control diseases such as Leprosy, Yaws, Guinea Worm, and other debilitating diseases.
- Special training programs in the U.S. medical and public health schools for foreign nationals working in the health field (see detailed list of proposed projects and draft legislation in appendices).
- Establish bilateral health assistance programs with those countries with whom we currently have no ongoing health programs, especially those countries with whom we do not now have diplomatic relations and where our health initiatives could serve to help open the door to establish or reestablish those ties.
- Coordinate U.S. international health priorities with multilateral organizations such as the World Bank, and the U.N., to assure as much as possible a unified global game plan for health.
- Establish a liaison mechanism with the private sector, both the private voluntary agencies such as Church groups and private business groups such as the medical supply and pharmaceutical industries and professional associations.

~~SECRET~~

~~SECRET~~

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: World Health Initiative March 28, 1977

- Develop country by country and region by region action plan for health, coordinating all U.S. efforts around mutually agreed goals established with the partner country. (We have developed the major elements of such a plan for Africa that could be launched as a special initiative.)
- Prepare and gain consensus on a legislative package that would facilitate the Cabinet committee's reorganization recommendations and permanently establish a better coordinating mechanism within the Cabinet.

Attached at Tab B is a brief description of specific projects.

Summary

There is great urgency to create the temporary high-level planning mechanism, and this probably should be done immediately. It would meet probably only once or twice, and provide the stature for this effort. Later, perhaps at the World Health Assembly, or another appropriate speech forum, you could announce that it had been created, specify your goals and announce specific priorities. The high-level group would be made up of the 18 Federal agencies involved in international health. A working-level coordinating committee would work over a 2-month period to consider some major new initiatives such as the reorientation of DOD's overseas health programs, legislation creating an international health service corps, and redirection of Federal resources, which would require extensive staffing by the individual agencies. A report for you could be prepared by this high-level group which would include recommendations. During the next year, and beyond, we would implement those recommendations you approve, and the agencies could continue to build upon this initial plan.

In the sections which follow, I describe problems, prospects, and beginning on page 14 is a discussion of the recommendations for your decision.

~~SECRET~~

SUMMARY OF PAGES 5-20 OF PETER BOURNE'S MEMORANDUM (- Rick)

pp. 5-7 indicate that \$339.895 million is being spent by 15 different Federal agencies in FY 1976 for international health activities. Peter makes the point that Government efforts in this area are scattered among different agencies, and that the level of funding is "far below what one might expect" for a type of aid which "appears to be one of the most effective developmental and diplomatic tools available."

pp. 8-10 - Peter points to the vast humanitarian benefits which be derived from a stepped-up US effort in international health:

1. vast reduction of diseases (Peter argues that Cuba has made great inroads in Africa because they early provided many health care personnel in Angola)
2. major international health effort would generate interest in medicine and public health careers
3. economic and social benefits of eradicating other major diseases; i.e., eradication of smallpox saved the money formerly spent on preventing smallpox; saving many lives
4. in a politically unstable world, the diplomacy of health and medicine could be a great rallying point

pp. 11-13 - list of the congressional, Administration and private sector leaders with whom Peter has spoken

pp. 14-20 - list of recommendations:

1. that a Cabinet-level coordinating committee be established to focus on international health
2. that the Secretary of State chair the committee, with the Secretary of HEW as vice-chair (rather than the reverse)
3. that the President address the World Health Assembly in Geneva in May while in Europe (Tim Kraft says there is absolutely no time for this)
4. that a sub-cabinet level coordinating committee representing each participating agency prepare a report with recommendations to you by June, 1977
5. "Phase II" would be the implementation of projects decided upon during the assessment phase above

MEMORANDUM

1777

NATIONAL SECURITY COUNCIL

~~SECRET~~

March 31, 1977

MEMORANDUM FOR: RICK HUTCHESON
FROM: MIKE HORNBLOW *mt*
SUBJECT: World Health Initiative

While there is agreement that the world health issue needs to be addressed in a more comprehensive manner, we believe that the history of cabinet committees has shown them to be generally unproductive management bodies. Also, because of the additional personnel and funding requirements of this particular proposal, it should be sent to Bert Lance for comment before transmittal to the President. If the President decides to establish the Committee, however, we agree that the Secretary of State should chair the group.

While it may be desirable for the President to address the World Health Assembly, his schedule has not permitted him to address similar prestigious bodies, such as the recent Geneva meeting of the Human Rights Commission. Addressing the World Health Assembly, therefore, might lead some to infer that the President places a higher priority on world health than on other pressing issues.

SECRET/GDS

DECLASSIFIED
Per: Rac Project
ESDN: NLC-126-7-11-3-9
BY: *Q* NADA DATE 1/16/13

THE WHITE HOUSE
WASHINGTON

April 22, 1977

Z. Brzezinski
Peter Bourne
Jack Watson
Stu Eizenstat
Tim Kraft

Re: World Health Assembly
in Geneva

The attached was returned in the
President's outbox and is forwarded
to you for your information and
appropriate action.

Rick Hutcheson

THE WHITE HOUSE
WASHINGTON

*xerox only The
pages on the outside
of the booklet*

ACTION	FYI
	MONDALE
	COSTANZA
X	EIZENSTAT
	JORDAN
	LIPSHUTZ
	MOORE
	POWELL
X	WATSON

	ENROLLED BILL
	AGENCY REPORT
	CAB DECISION
	EXECUTIVE ORDER
	Comments due to Carp/Huron within 48 hours; due to Staff Secretary next day

	FOR STAFFING
	FOR INFORMATION
X	FROM PRESIDENT'S OUTBOX
	LOG IN/TO PRESIDENT TODAY
	IMMEDIATE TURNAROUND

	ARAGON
X	BOURNE
X	BRZEZINSKI
	BUTLER
	CARP
	H. CARTER
	CLOUGH
	FALLOWS
	FIRST LADY
	GAMMILL
	HARDEN
	HOYT
	HUTCHESON
	JAGODA
	KING

X	KRAFT
	LANCE
	LINDER
	MITCHELL
	POSTON
	PRESS
	B. RAINWATER
	SCHLESINGER
	SCHNEIDERS
	SCHULTZE
	SIEGEL
	SMITH
	STRAUSS
	WELLS
	VOORDE

MEMORANDUM

THE PRESIDENT HAS SEEN.

THE WHITE HOUSE

1777

WASHINGTON

INFORMATION

April 21, 1977

MEMORANDUM FOR: THE PRESIDENT
FROM: ZBIGNIEW BRZEZINSKI
SUBJECT: Your Request -- Comments on
Bourne Proposals

23.

You asked for my personal assessments of Peter's two proposals, namely, that you either address or appear at the World Health Assembly in Geneva; and that the U.S. propose a joint U.S. -Soviet Medical Science Agreement to collaborate on public health programs in the third world.

I believe that: (1) while the speech may be a good thing in itself, it would be the straw that breaks the camel's back on your already overcrowded schedule for the Summit trip. A brief -- and spontaneous -- appearance, however, might have a desirable impact. You might then simply say a few encouraging words -- literally for a minute or two. But that should be left open as a contingency -- depending on how much time your talks with Asad leave you.

ok

(2) The joint U.S. -Soviet Public Health Program for the Third World seems like a good idea. However, I would first consult with the Soviets quietly to see if it might be acceptable. If we simply propose it publicly the Soviets may well treat it as propaganda.

proceed

F

THE WHITE HOUSE
WASHINGTON

April 6, 1977

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

P.B.

SUBJECT: Possible Speech to the World Health Assembly
in Geneva.

In connection with the option in my world health memo that you address the World Health Assembly in Geneva. I wanted to remind you that you will be in Geneva, May 9th for your meeting with President Hafiz al-Asad, while the Assembly is in session. Even if you did not want to make a formal address you perhaps could make a brief stop at the Assembly. The impact would be tremendous.

PGB:ss

3615 -
brief comment on
both
J

please address
personally
J

THE WHITE HOUSE

WASHINGTON

April 6, 1977

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne **P.B.**

SUBJECT: Proposed Joint U.S. -Soviet Medical Science Agreement to
Collaborate on Public Health Programs in the Third World

This is to follow up on our meeting on World Health in which you expressed an interest in the subject proposal.

Background

There are basically two medical science exchange agreements which are still in effect and will be renewed in June 1977. In 1972, an agreement was signed which covered five areas: environmental health, heart disease, cancer, influenza and other respiratory diseases, and arthritis. A second was signed in 1974 concerning the artificial heart. Present discussions now center on extending exchanges to cover eye disease, organ transplantation, and provision for emergency medical services for a small number of Alaskans on a small island in the Aleutians who can more easily be reached by the Soviets. The latter project is particularly relevant to what I am proposing in this memo.

There are 11 U.S. -Soviet science agreements; the more successful ones have been in the medical field.

Proposal

We propose to the Soviet Union to expand our science exchange agreements to include a joint U.S. -Soviet Agreement to collaborate in a public health technical assistance project in a number of Third World countries. There is precedent for such an initiative with the

MEMORANDUM TO THE PRESIDENT

FROM: Peter Bourne

SUBJECT: Proposed Joint U.S. -Soviet Medical Science Agreement

joint U.S. -Soviet space program which sent a message to the rest of the world about our working together. This proposal would be a more concrete manifestation of this cooperation with direct impact in the Third World. There would need to be an agreement to decide on which developing country or countries we would work in, and to make a public approach jointly to them. For example, we might propose to the Russians three or four African countries, such as Guinea, Zambia, Mozambique and Tanzania, where both the U.S. and the Soviet Union have good relations (neutrality criterion), which have substantial public health problems (need criterion), and which are in need of the kind of technical assistance and/or infrastructure development which both the U.S. and Russia mutually agree upon to provide beforehand. The last criterion, of course, would be to gain agreement from the host country government. A public announcement could be made that would likely generate requests for assistance in countries desiring to be nonaligned. For example, the U.S. and the Soviet Union could agree to build, equip, and staff several small health centers for the most remote underserved areas of a country, staffing them with U.S. -Soviet nationals for a fixed period while training local personnel to staff the centers. These peripheral centers could deliver preventive services to more people, not just curative services. We could include a plaque on each such medical facility commemorating U.S. -Soviet medical cooperation which would symbolize world health cooperation between our Nations.

Alternatively, the two countries could agree to provide "a pump for every village" thus securing clean drinking water for a country such as Botswana (700,000 people). This would help reduce a number of diseases such as typhoid, dysentery, polio, etc. Again, an emblem representing cooperation could be placed on each pump.

If you believe this proposal has merit, I will follow up with Frank Press, State and HEW to pursue a strategy along these lines.

In summary, by entering into this arrangement, developing countries would not be forced to choose between super powers to obtain needed economic aid. Such partnerships may defuse hotly contested areas in the developing world and ultimately strengthen the U.S. national security.

THE WHITE HOUSE
WASHINGTON

Mr. President:

I recommend that you read
the first four pages of Peter's
memo, along with my summary
of pp. 5-20, and my summary
of staff comments (attached).

Rick

T
A
B.

A

ACTIVITIES OF THE FEDERAL GOVERNMENT IN INTERNATIONAL HEALTH

Fiscal Year 1976

2

Federal Agency	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
A.I.D.	Foreign Assistance Act of 1961, as amended. Secs. 103, 104	\$177,480	Population & Family Planning	--Demographic data collection --Fertility Control Research Services --Services --Manpower and Institutional Development --Communications	--World Food Crisis (70 million additional persons/year added to world population) --Future Employment Demands --Health Status of Women
			Health	--Delivery of Health Services --Health Planning --Environmental Health --Disease Prevention & Control --Health Manpower Development --Research	--Health of the Poor Majority in developing countries --U.S. Medical Supply and Pharmaceutical Industries
			Nutrition	--Food Fortification --Nutrition Planning --Development of Indigenous Foods --Introduction of new food technologies	--The poor and hungry in developing countries --Mothers and children --Reduction of malnutrition
		5,997	Foreign Disaster Relief	--Emergency Relief to alleviate human suffering --Rehabilitation Programs --Research on technology for disaster preparedness	--Disaster Victims Worldwide
		5,365	American Schools & Hospitals Abroad	--Demonstration of U.S. Medicine Abroad	--Students and patients abroad
DEPT. OF STATE	P.L. 643 as amended by P.L. 807 Pan American Sanitary Convention, 2/23-25 P.L. 92-494 P.L. 665 as amended by P.L. 138	69,149 ^{1/}	Contributions to International Organizations	--Assessed contributions to: WHO, PAHO, International Agency for Research on Cancer (IARC), UNICEF, UNDP & UNFUND for Drug Abuse Control, UNFPA ^{2/}	--Health Worldwide
			Educational & Cultural Exchange	--Exchange of Scientists & Students	--Scientific Community Worldwide

^{1/} Excludes medical care services for Foreign Service Personnel.

^{2/} Funded under A.I.D. Sec. 104, F.A.A.

ACTIVITIES OF THE FEDERAL GOVERNMENT IN INTERNATIONAL HEALTH

Fiscal Year 1976
1

Federal Agency	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
DEPT. OF H.E.W.	P.L. 480; Internat'l. Health Research Act, 1960	\$39,274	Policy Development Inter-Agency Coordination	--Support Dept. of State's Foreign Policy --Consultation to State, A.I.D., WHO, PAHO	--Improved international relations --General health improvement in developing countries
1. Office of Asst. Sec. for Health (OIH)			Integration of Domestic & Internat'l. Activities	--Support to AID's Disaster Relief Programs	--Optimization of research programs
			Bilateral Scientific Agreements	--Improve Bilateral Health Cooperation	--Improvement of efficiency & effectiveness of multilateral organizations
			Administer Special Foreign Currency Program	--Support Collaborative Research	
2. National Institutes of Health		(19,905)	Research - Cancer, Stroke, Heart Diseases, Lung, Blood Dental Eye Arthritis, Metabolism, Digestive Diseases Neurological Communicative Disorders Allergy & Infectious Diseases Child Health & Human Development Environmental Health General Medical Services	--Education & Training --Prevention, Control, Treatment of diseases	--Health Knowledge --Health research capability in other countries --Disease incidence

ACTIVITIES OF THE FEDERAL GOVERNMENT IN INTERNATIONAL HEALTH

Fiscal Year 1976

Federal Agency	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
DEPT. OF H.E.W.					
3. Center for Disease Control		(5,222)	Epidemiological Intelligence Disease Prevention & Control Research Laboratory Support & Collaboration	--Prevention, eradication & control of diseases --Improved nutritional status --Improved health --Improve laboratory capacities	--Health status worldwide --Medical intelligence --Laboratory Hospitals & University capabilities
4. Health Services Administration		(2,160)	Health Research	--Improve Health Services	--Health status worldwide --Health delivery systems
5. Health Resources Administration		(3,682)	Research Training	--Increase Health, Demographic, & Population Data Base --Increase Health Manpower Worldwide --Train Foreign Nationals	--Manpower Supply --Health Programs
6. Food & Drug Administration		(1,578)	Research Inspection of Foreign Firms Monitoring Adverse Drug Reactions	--Safety & Quality of Imported & Exported Food & Drugs --Worldwide Information on Food & Drug Standards	--Quality & Safety of Food & Drugs Worldwide
7. Alcohol, Drug Abuse, Mental Health Administration		(388)	Research	--Prevention & Control of Mental Illness & Drug Abuse	--Mental Health Worldwide
8. Office of Human Development		(2,800)	Research	--Understand impact of ethnic background on mental health disease --Understand mental retardation & its causes --Social Welfare Studies	

ACTIVITIES OF THE FEDERAL GOVERNMENT IN INTERNATIONAL HEALTH

Fiscal Year 1976

Federal Agency	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
DEPT. OF INTERIOR	Trust Territory Leg. U.S. Code 61-347 68-330 90-299	18,561	Manpower Training Hospital Renovation Organizing Medical Services Disease Prevention & Control	--Improve Health Status in Trust Territories	--Trust Territory Population
ACTION (Peace Corps)	P.L. 87-293	15,000	Manpower Training Volunteers for Health Services	--Assistance in Development Activities --Meet Health Manpower Needs of developing countries	--Benefit Health Situation of Host Country --Cultural Exchange Between U.S. & Foreign Nationals
DEPT. OF DEFENSE ^{3/}		5,718	Army Overseas Medical Research Units Navy Overseas Medical Research Units	--Training in Tropical Medicine --Medical Intelligence --Field Testing & Evaluation of Drugs & Vaccine --Research	--U.S. Military Forces --Host Country Health Organizations
VETERANS ADMINISTRATION	P.L. 293 P.L. 91-225 P.L. 93-82	1,887	Foreign Post Graduate Training Medical & Hospital Services - Philippines	--Improve quality of medical services --Medical care training for foreign nationals --Medical services to Philippines war veterans	--U.S. hospitalized veterans --Foreign Medical Graduates --Philippines War Veterans
DEPT. OF AGRICULTURE	Agriculture Trade & Development Act of 1954 U.S. Code 1704, Sec. B1 Sec. B2	1,464	Research	--Cooperative Research	--U.S. & Foreign Nationals Nutritional Status
TOTAL AGENCIES <u>15</u>					
TOTAL FUNDING		<u>\$339,895</u>			

^{3/} Does not include funding for 46 DOD Hospitals and approximately 30 health facilities abroad.

ACTIVITIES OF OTHER FEDERAL GOVERNMENT AGENCIES IN INTERNATIONAL HEALTH RELATED ACTIVITIES

Fiscal Year 1976

Other Federal Agencies	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
NATIONAL SCIENCE FOUNDATION	Nat'l. Science Foundation Act P.L. 81-507 (Sec.3a)	Not available. Est. 1/7 of total internat'l. budget is health-related activity	Research	--International Cooperation in studies on environment, biology, tropical & communicable diseases	--U.S. and Foreign Researchers
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION		\$123,700	Environmental Quality Monitoring	--Identifying & Measuring Air & Water Pollutants	--Global Pollution Monitoring Capability
			Internat'l. Satellite NIMBUS-G	--Provide New Data on Atmospheric & Water Pollution	
			SAGE - Stratospheric Aerosol and Gas Experiment	--Experiment to develop a satellite monitoring technique to measure stratospheric aerosols and gases and their impact on global climate.	
OFFICE OF SCIENCE & TECHNOLOGY PROGRAMS					

ACTIVITIES OF INTERNATIONAL LENDING INSTITUTIONS

Fiscal Year 1976

International Agency	Legislative Authority	Total Funding (\$1,000's)	Activities	Purpose	Impact On
INTER-AMERICAN DEVELOPMENT BANK	P.L. 91-599 92-246	\$108,000 Estimated Health (8% of total expenditures)	Sanitation	--Water supplies and sewage systems --Health facilities construction	
INTERNATIONAL DEVELOPMENT ASSOC. (IBRD)	P.L. 93-373	\$361.1 Estimated Health	Population & Nutrition Water Supply & Sewerage Onchocerciasis Control	--Awareness of health consequences of Bank-supported projects --Emphasize investments which will directly affect well-being of masses of poor people	--Productive Investment in Developing World
ASIAN DEVELOPMENT BANK	P.L. 93-537				
AFRICAN DEVELOPMENT BANK	P.L. 94-302	\$25,000 U.S. Authorized Contribution			

3/16/77

T
A
B

B

PROJECT PROPOSALS

RELATIONSHIP TO ADMINIS-
TRATION OBJECTIVES

ESTIMATED
IMPLEMENTATION

I. Short-Range Projects (1977)

Upgrade Gorgas Memorial
Tropical Research Institute
in Panama

-Support tropical disease research
in developing nations of Central
and South America
-Panama Canal Zone Treaty
Negotiations

July, 1977

Upgrade Cholera Research
Laboratory in Dacca,
Bangladesh

-Complements World Health
Organization (WHO) research
-Supports foreign policy and
humanitarian interests

July, 1977

Expand bilateral health assistance
in Africa by upgrading existing
hospitals and clinics, and expanding
tropical disease research capabilities

-Improves U.S. relationships in
black Africa
-Extends U.S. influence in key
African nations in pursuit of
foreign policy objectives

July, 1977

Expand support of UN/WHO
Tropical Disease Research
Program

-Support of UN as international
instrument of World Peace
-Support of concept of strengthened
world economic and political order
through support of multilateral
organizations
-Supports high priority of inter-
national health in U.S. foreign
policy

May, 1977
(Announce in
Geneva at World
Health Assembly)

PROJECT PROPOSAL

RELATIONSHIP TO ADMINIS-
TRATION OBJECTIVES

ESTIMATED
IMPLEMENTATION

1. Short-Range Projects (cont'd)

Expand concept of Global Epidemic
Intelligence Service

-Protection of U.S. citizens through
improved early warning system
-Augments UN/WHO surveillance
capability

1977/78

Programs in community nutrition

-A national nutrition program
aimed at mothers and children
-Increased capacity to conduct
applied nutrition research
-National nutrition planning and
policy statement for countries
receiving assistance
-Potential increase in market for
U.S. agricultural and food
processing industry

1978

II. Long-Range Projects

-Broaden use of DOD tropical
disease research laboratories
to include assistance to
indigenous populations
in Asia, Africa, and Latin
America
-Extend use of DOD hospitals and
clinics abroad located in de-
veloping countries to provide
service to indigenous
population

-International health assistance to
developing countries
-More efficient use of U.S. funds
-Utilization of DOD resources in a
peaceful role without diminishing
fighting capability
-Improves U.S. military image abroad
-Improves career opportunities for
volunteer Army

1977/78

PROJECT PROPOSAL

RELATIONSHIP TO ADMIN-
ISTRATION OBJECTIVES

ESTIMATED
IMPLEMENTATION DATE

II. Long-Range Projects (cont'd.)

Establish U.S. International
Health Service Corps

- Provide incentives to minority
students through public health
scholarship fund
- Strengthen PHS Commissioned
Corps

- Improve image abroad
- Encourage minorities to seek
careers in preventive medicine
- Improve effectiveness of
U.S. foreign assistance

May 1977
(Announce in Geneva
at World Health
Assembly)

Establish Foreign and U.S.
International Health Scholar-
ship program

- Establishes a U.S. career structure
for specialists in international
health
- Increases capacity of developing
nations' expertise

1978

Improve organization and manage-
ment of international health programs

- Establish lead agency capability
by establishing new Presidentially
appointed position in one agency
- Consolidate health, population,
nutrition and humanitarian affairs
functions in State
- Consolidate population, health and
nutrition functions in AID
- Establish interagency project and
planning review committee
- Decentralize AID health functions
to the field as much as feasible

- Reorganization to improve
efficiency and effectiveness and
promote accountability in this area
- Strengthen role of international
health in foreign policy
- Improve management of Federal
responsibilities

1977/78

II. Long-Range Projects (cont'd.)

- Prepare annual international health policy report
- Establish health assistance priorities system
- Develop guidelines for expediting implementation, renewal, revocation of health assistance projects

Propose legislation to increase private sector involvement (includes pharmaceutical manufacturers, voluntary agencies, universities, and foundations)

Develop government-wide health and medicine diplomacy strategy to improve relationships with developed and developing nations (China, USSR, Cambodia, Cuba, Burma, Laos, Vietnam, etc.) through medical exchange agreements, to joint public health study commissions in developing countries

-Increasing private sector involvement will improve U.S. economy, promote jobs, improve balance of payments and investment posture, reduce U.S. government involvement

-Strengthen world economic order
-Normalization of relations with countries of strategic and economic importance to U.S.
-Expand Western Alliance influence
-Promote human rights and democratic form of government

1978

Staggered to coincide with current events

T
A
B
C

SUBJECT: International Health Service Corps

GOAL: To improve the quality of professional health personnel serving international health organizations (bilateral, multilateral, and volunteer)

PURPOSES: To recruit, train, deploy, and supervise a cadre of specially trained international health workers to provide expertise required to successfully improve the quality of health care in the developing countries. Health programs would be aimed at improving health delivery systems through improved maternal child health, nutrition, and family planning services. Provide leadership to international health programs manned by Peace Corps Volunteers.

BENEFITS:

1. Increased capacity of USA to respond to world health needs
2. Improved performance of international health programs
3. Increased number of U.S.A. international health programs
4. Decrease in morbidity and mortality from certain childhood diseases
5. Ability to mount and staff disease control or eradication programs, e.g. schistosomiasis, malaria, and measles, etc.

MEASURES OF ACHIEVEMENT:

1. An international health service corps in existence and manned
2. Increase in U.S. Personnel with World Health Organization
3. Increase in number of U.S.A. international health programs
4. Decrease in the morbidity and mortality of certain diseases of childhood like measles
5. Decrease in the birth rate
6. Decrease in infant mortality rates

ACTIONS ALREADY COMPLETED:

1. , Commissioned Corps, U.S. Public Health Service
2. National Health Service Corps of USPHS

ACTIONS TO BE TAKEN:

1. Legislative authority to make National Health Service Corps international
2. Budgetary appropriations to fund program

RELATIONSHIP TO OTHER GOALS:

1. Improve U.S. image abroad and enhance effectiveness of U.S. foreign policy
2. Improve public health capacity of U.S. health professionals
3. Increase the size and expertise of U.S. health manpower pool
4. Present career development opportunity to USPHS

ESTIMATED DATE OF COMPLETION:

1. Should at least be a 5 to 8 year program
2. Probably an ongoing program because of U.S. interest and world need.

T
A
B
D

ORGANIZATION OF THE CABINET COMMITTEE ON INTERNATIONAL HEALTH

President

Cabinet Committee:

Chairman	:	Secretary of State	
Vice Chairman:		Secretary of HEW	Assistant to the President for National Security Afs.
Members	:	Secretary of Defense	Administrator, Agency for International Development
		Secretary of Treasury	Administrator, Veterans Administration
		Secretary of Agriculture	Director, OMB
		Secretary of Commerce	Science Advisor (OSTP)
		U.S. Representative to U.N.	
		Administrator, EPA	
Executive Director:			

Coordinating Committee:

Chairman:	
Members:	HEW AID
	State U.N.Rep
	DOD V.A.
	Treasury OMB
	Agriculture NASA
	Commerce OSTP
	EPA NSC

Optional

Blue Ribbon Regional
Fact Finding Teams
(Private, Congressional, and
Executive Branch members)

Executive Secretariat

Working Groups

Organization
& Management

Research, Development
and Demonstration

Strategy
Development

Foreign Trade
& Investment

Health
Manpower

T
A
B
E

MAJOR ACTION FORCING EVENTS
FOR
FURTHERING ADMINISTRATIONS' INTERNATIONAL HEALTH OBJECTIVES

DATES	EVENT	LOCATION	COMMENTS
March 28-30	Fourth International Health Conference	Arlington, Virginia	Sponsor: National Council for International Health
May 2-20	Thirty World Health Assembly	Geneva, Switzerland	U.S. Delegation: 3 delegates 3 alternates 5-6 health advisors 4 Congressional members
September 26-October 7	PAHO Directory Council and Meeting of the Ministers of Health on Primary Health Care	Washington, DC	U.S. Delegation: 1 delegate 3 advisors
October 30-November 3	American Public Health Association Meeting	Washington, DC	

THE WHITE HOUSE
WASHINGTON

Date: March 31, 1977

MEMORANDUM

FOR ACTION:

FOR INFORMATION:

~~Bert Lance~~

Brezinski for comment

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Peter Bourne memo 3/28 re World Health Initiative.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 5:00 P.M.

DAY: Friday

DATE: April 1, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone, 7052)

THE WHITE HOUSE

WASHINGTON

Date: March 28, 1977

MEMORANDUM

FOR ACTION:

The Vice President
Stu Eizenstat - *attached*
Hamilton Jordan
Frank Moore - *NC*
Jack Watson
Zbigniew Brzezinski

FOR INFORMATION:

Pert Lance

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Peter Bourne memo 3/28 re World Health Initiative.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 5:00 P.M.

DAY: Wednesday

DATE: March 30, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone, 7052)

Date: March 28, 1977

MEMORANDUM

FOR ACTION:

The Vice President
Stu Eizenstat
Hamilton Jordan
Frank Moore ✓
Jack Watson
Zbigniew Brzezinski

FOR INFORMATION:

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Peter Bourne memo 3/28 re World Health Initiative.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 5:00 P.M.

DAY: Wednesday

DATE: March 30, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

Please note other comments below:

☒ No comment.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone, 7052)

Rich -
These are
my comments
on Peter Bourne's
proposal - Jack

THE WHITE HOUSE
WASHINGTON

March 31, 1977

MEMORANDUM FOR: Jack Watson
FROM: Jim Parham *Jim P.*
SUBJECT: World Health Initiatives

This is a brilliant, almost irresistible idea. If carried off well, it could be a master stroke of diplomacy and world statesmanship.

It proposes to reorganize and make more rational the use of \$340 million presently being dispensed on international health matters through 15 federal agencies. The bulk of the money is handled by AID, State, and HEW. It further proposes new initiatives that would establish the U.S. as a world leader in international health and complement our emerging human rights policies.

My comments:

- (1) This draft still seems to give too little emphasis to this being an offer of "partnership" with other nations. I would like to see it "flavored" more with genuine humility and an acknowledgement that it can only be accomplished by a family of nations working together.
- (2) Such a dramatic initiative would establish dramatic expectations. We cannot afford disappointing results--to have this "trumpet blast" be followed by an insignificant commitment of resources or a negative reaction from important allies.

Jack Watson
March 31, 1977
Page Two

- (3) There is no indication of the extent of increased costs. At the bottom of page 12 there is reference made to our positive balance of trade in the health sector of \$600 million per year. I don't understand how that is available to pay for new initiatives; would it be at no cost?
- (4) Before taking such a "plunge," I think the President should discuss the plan directly with people like Vance, Rusk, Kissinger, McNamara, Humphrey, Califano, etc.

MEMORANDUM
OF CALL

TO: Bill

☒ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

OF (Organization) NSC

(Nashblaw's office)
☐ PLEASE CALL → PHONE NO. CODE/EXT. affice
☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU
☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

*will have
comments on
Peter Bourne
World Health
Initiative before
Noon*

RECEIVED BY T DATE 3/31 TIME 9:55

STANDARD FORM 63
REVISED AUGUST 1967
GSA FPMR (41 CFR) 101-11.6

GPO : 1969-O-45-16-80341-1 332-389

63-108

MEMORANDUM
OF CALL

TO: Bill

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

OF (Organization) State Office

☐ PLEASE CALL → PHONE NO. CODE/EXT. affice
☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU
☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

*will have
comments on
Peter Bourne
World Health
Initiative before
Noon*

RECEIVED BY T DATE 3/31 TIME 9:55

STANDARD FORM 63
REVISED AUGUST 1967
GSA FPMR (41 CFR) 101-11.6

GPO : 1969-O-45-16-80341-1 332-389

63-108

THE WHITE HOUSE

WASHINGTON

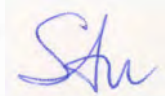
March 30, 1977

MEMORANDUM FOR:

THE PRESIDENT

FROM:

STU EIZENSTAT
JOE ONEK



SUBJECT:

World Health Initiatives

Peter Bourne's thoughtful memorandum provides an excellent basis for a new "World Health Initiative". We believe, however, there are two items which might merit further consideration.

1. The memorandum recommends that the State Department assume lead agency responsibility. We suggest that it might be more appropriate for AID itself to be the lead agency. AID is presently devising an international health strategy. It has the largest budget in the international health field and the most know-how. Furthermore, health problems in less developed countries are intimately related to other development problems which AID works on, from irrigation to education.

If AID is not the lead agency, we agree it should be State rather than HEW. HEW's focus tends to be too narrowly medical and too domestically oriented.

2. The memorandum ignores family planning. Yet family planning is intimately related to health, and is perhaps most saleable as a health measure.

In addition to the obvious health problems created by overpopulation and excessively large families, there are some specific relationships between family planning and health. If women in less developed countries space their children, they can breast feed their children for two to three years. This would reduce infant mortality. Second, a health delivery system is the most feasible vehicle for delivery of family planning services.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

MEMORANDUM FOR RICK HUTCHESON

FROM: BO ~~CUNYER~~

SUBJECT: The World Health Initiative Proposal

Background

This initiative identifies several problems in current international health activities: fragmentation, lack of impact and efficiency, and inadequate relation to diplomatic initiatives.

In order to solve these problems the document proposes a high visibility Presidential initiative to promote world health by Presidential address, immediate creation of a Cabinet level coordinating committee, announcing initiation of new programs, and consolidating all international health activities in a single entity.

Discussion

OMB has not had sufficient time adequately to review the proposal, but we wish to indicate the following caveats:

1. The proposal has not been completely coordinated with affected agencies.
2. It would prematurely commit the President to a major initiative before it has been adequately planned or costed.
3. Its organization implications have not been completely assessed (e.g., consolidation of all international health activities in a separate entity would exacerbate existing coordination problems with the rest of the foreign aid program).
4. It risks creating expectations which cannot realistically be met given limitations on foreign country administrative capacity and implementation problems.

Recommendation

Despite these concerns, the proposal's emphasis on the need to start a planning process on an important issue is commendable. We recommend that the proposal be circulated in unclassified form to the affected agencies and reviewed by the Development Coordinating Committee chaired by Governor Gilligan.

Attachment

SUMMARY OF STAFF COMMENTS ON BOURNE MEMORANDUM

1. NSC: history of cabinet committees has shown them to be generally unproductive management bodies.
2. NSC: if the President decides on a committee, the Secretary of State should chair
3. NSC: inappropriate for President to address World Health Assembly when he has not addressed similar prestigious bodies of perhaps a higher priority
4. Watson: "a brilliant, almost irresistible idea.. a master stroke of diplomacy and world statesmanship..."
5. Watson: needs a greater emphasis on being a "partnership" with other nations.
6. Watson: a dramatic initiative establishes dramatic expectations -- a "trumpet blast" could not be followed by an insignificant commitment of resources
7. Watson: there is no indication of the extent of increased costs
8. Watson: before action, the President should discuss with Vance, Rusk, Kissinger, McNamara, Humphrey, etc.
9. Eizenstat: AID is a more appropriate lead agency than State; AID is presently devising an international health strategy, has the largest budget in the field, and has the know-how. (State would be a better lead agency than HEW, though.)
10. Eizenstat: Bourne's memorandum ~~does-not-mention~~ ignores family planning; family planning is most saleable as a health measure.
11. OMB; Peter's proposal has not been completely coordinated with affected agencies. It prematurely commits the President to a major initiative before it has been adequately planned or costed.
12. OMB: proposal's organizational implications have not been completely assessed (e.g., relation of international health measures to foreign aid program).
13. OMB: creates unrealistic expectations which cannot be met given implementation problems.

14. OMB; the proposal's emphasis on the need to start a planning process on an important issue is commendable
15. OMB: recommends that the proposal be circulated in unclassified form to affected agencies and reviewed by the Development Coordinating Committee chaired by AID Administrator Gilligan.

SUMMARY;

The initiative identifies several problems in current international health activities: fragmentation, lack of impact and efficiency; inadequate relation to diplomatic initiatives.

The document proposes a high visibility presidential initiative to promote world health by a Presidential address, immediate creation of a cabinet level coordinating committee, announcing initiation of new programs, and consolidating all international health activities in a single entity.

proposes to make more rational the use of \$340 million presently being dispensed through 15 federal agencies. Proposes new initiatives that would establish the US as a world leader in international health and complement our emerging human rights policies.

general reaction

(4) (5) (6) (7) (8) (10) (11) (12) (14) (15)

(13)

SUMMARY OF PAGES 5-20 OF PETER BOURNE'S MEMORANDUM (- Rick)

\$ 370

fragmented; that there is a lack of impact; and that

pp. 5-7 indicate that ~~\$339.895~~ million is being spent by 15 different Federal agencies in FY 1976 for international health activities. Peter makes the point that Government efforts in this area are scattered among different agencies, and that the level of funding is "far below what one might expect" for a type of aid which "appears to be one of the most effective developmental and diplomatic tools available."

pp. 8-10 - Peter ^{could} points to the ~~vast humanitarian~~ benefits which be derived from a stepped-up US effort in international health:

- humanitarian + social
- political

1. ~~vast reduction of disease~~ (Peter argues that Cuba has made great inroads in Africa because they early provided many health care personnel in Angola)
2. major international health effort would generate interest in medicine and public health careers
3. ~~economic and social benefits~~ of eradicating other major diseases; i.e., eradication of smallpox saved the money formerly spent on preventing smallpox; saving many lives

Lip 4. in a politically unstable world, the diplomacy of health and medicine could be a great rallying point

pp. 11-13 - list of the congressional, Administration and private sector leaders with whom Peter has spoken.

pp. 14-20 - list of recommendations: *basically a high vis. city pres initiative to promote world health*

1. ~~that~~ a Cabinet-level coordinating committee be established to ~~focus on~~ international health *activities*
immediate creation of
consolidate all US
2. that the Secretary of State chair the committee, with the Secretary of HEW as vice-chair (rather than the reverse)
(2) (9)
3. that the President address the World Health Assembly in Geneva in May while in Europe (Tim Kraft says there is absolutely no time for this)
(3)
4. that a sub-cabinet level coordinating committee representing each participating agency prepare a report with recommendations to you by June, 1977
5. "Phase II" would be the implementation of projects decided upon during the assessment phase above

SUMMARY of pp. 5-20 of Peter Bourne memorandum & staff comments

Date: March 28, 1977

MEMORANDUM

FOR ACTION:

The Vice President
Stu Eizenstat
Hamilton Jordan
Frank Moore
Jack Watson
Zbigniew Brzezinski ✓

FOR INFORMATION:

FROM: Rick Hutcheson, Staff Secretary

SUBJECT: Peter Bourne memo 3/28 re World Health Initiative.

YOUR RESPONSE MUST BE DELIVERED
TO THE STAFF SECRETARY BY:

TIME: 5:00 P.M.

DAY: Wednesday

DATE: March 30, 1977

ACTION REQUESTED:

☒ Your comments

Other:

STAFF RESPONSE:

☐ I concur.

☐ No comment.

Please note other comments below:

While there is agreement that the world health issue needs to be addressed in a more comprehensive manner, we believe that the history of cabinet committees has shown them to be generally unproductive management bodies. Also, because of the additional personnel and funding requirements of this particular proposal, it should be sent to Bert Lance for comment before transmittal to the President. If the President decides to establish the Committee, however, we agree that the Secretary of State should chair the group.

While it may be desirable for the President to address the World Health Assembly, his schedule has not permitted him to address similar prestigious bodies, such as the recent Geneva meeting of the Human Rights Commission. Addressing the World Health Assembly, therefore, might lead some to infer that the President places a higher priority on world health than other pressing issues.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a delay in submitting the required material, please telephone the Staff Secretary immediately. (Telephone, 7052)

Michael Hornblow
Acting Staff Secretary

THE WHITE HOUSE
WASHINGTON

April 7, 1977

Z. Brzezinski

The attached was returned in
the President's outbox. It is
forwarded to you for appropriate
handling.

Rick Hutcheson

Re: Speech to the World Health
Assembly in Geneva